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April 10, 2026

RE: AN ACT to amend the insurance law, in relation to requiring health insurance policies to include coverage for doula services as required coverage for maternity care

A.5140 (Solages)
S.6494 (Cleare)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans opposes the enactment of this legislation, which would mandate that private health insurance include coverage for doula services as part of the maternity care benefit required by current law. While a doula provides physical, emotional, and informational support to a mother before, during and shortly after childbirth – unlike a physician, midwife, or nurse – a doula is not a medical professional and cannot administer medications or render any medical treatment. Further, as New York does not require a license in order to practice as a doula in the State nor does it establish a requirement that the doula be certified by an independent entity, a doula would not subject to any educational or experiential requirements. Nonetheless, if enacted, this bill would require coverage of such unlicensed, non-medical professionals – increasing the costs of insurance premiums for all enrollees.

Since doulas practice is non-medical in nature, mandated coverage in the commercial market is limited. In fact, there are only two states, Rhode Island and Louisiana**,** that currently require coverage of doulas by commercial insurers. Four other states (Colorado, Delaware, Illinois, and Viginia) have enacted laws that require coverage of doulas; however, those laws will not be in effect until 2026.

Further, the absence of licensure or certification criteria and professional oversight would severely impair the health plans' ability to ensure enrollees receive services from appropriately trained and experienced individuals – a critical component of the credentialing process. Without established baselines regarding the minimum knowledge, education, skills, and experience doulas must maintain, the care offered would vary greatly. Services provided by untrained doulas could jeopardize the wellbeing of individuals receiving such services.

While doulas may provide emotional support to pregnant and laboring persons, such services performed by unlicensed and uncertified assistants are supplementary to clinical care. Current law requires coverage of a midwife licensed pursuant to Education Law Article 140, practicing consistent with Education Law § 6951 and affiliated or practicing in conjunction with a facility licensed pursuant to Public Health Law Article 28. The Insurance Law requires that maternity care coverage shall also include at a minimum, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal and newborn clinical assessments. Further, under state and federal law, enrollees in non-grandfathered health plans have access to comprehensive lactation support services, including counseling, education, and breastfeeding equipment and supplies.[1] These services are performed by licensed medical professionals and/or certified lactation consultants. Requiring coverage of unlicensed and uncertified assistants would result in increased premiums for all enrollees – and such a mandate could therefore reduce access to medically necessary services by New Yorkers who are already struggling with skyrocketing health insurance costs.

Further, this bill could have a negative impact on access to doulas in the Medicaid program and Essential Plan. As of March 1, 2024, Medicaid fee-for-service and Medicaid managed care plans provide coverage for doulas. This coverage includes services related to the birth and up to eight (8) visits before or after the birth. Further, Essential Plan also began providing coverage for doulas as of April 1, 2024. Coverage of doulas was added starting as a pilot program to improve health outcomes by targeting maternal mortality and to reduce racial disparities in health outcomes.[2] However, doulas can only accept a limited number of patients with expected due dates in a month, as they commit to being present for the birth.[3] According to the Department of Health's website, around 220 doulas are eligible to provide services under the Medicaid program.[4] If enacted, this bill may encourage doulas to provide services to commercially insured patients instead of Medicaid or Essential Plan patients. Doulas have been associated with positive birth outcomes, including reduced cesarean sections, premature deliveries, and length of labor, and, in low-income women, have been shown to improve breastfeeding success.[5] As a large number of doulas are not currently available to meet the needs of all patients in New York, mandating commercial insurance coverage may inadvertently limit the number of doulas available to serve the patients that need them the most.

Finally, this legislation would expand coverage to include services that are a non-medical in nature. As this would be a new benefit, the legislation could create an unfunded mandate not just on commercial health insurance plans, but on the entire State since this benefit is not covered as an Essential Health Benefit (EHB) under the Affordable Care Act (ACA). Under the ACA, the State must defray the full cost of any State mandates that are in addition to EHB for all individual and

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[1] *See* Insurance Circular Letter No. 5 (2018), available at https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2018_05.

[2] *See* https://www.health.ny.gov/health_care/medicaid/redesign/doulapilot/.

[3] According to the National Black Doulas Association, industry standard is to accept four to six patients per month. *See* https://www.blackdoulas.org/questions-for-birth-doulas.

[4] *See* https://www.health.ny.gov/health_care/medicaid/program/doula/directory/directory.htm.

[5] Sobczak, A., Taylor, L., Solomon, S., et al., "*The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review*," *Cureus*, *15*(5), e39451 (2023), available at https://doi.org/10.7759/cureus.39451.

small group health insurance coverage, meaning the cost of this benefit for those markets would be entirely funded by New York taxpayer dollars.

For all of the forgoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans opposes the enactment of this legislation.

Respectfully submitted,

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